

Application For ELECTRICAL PERMIT Permit Fee \$35.00

Please complete all information below

Town of Chandler Indiana 401 E. Lincoln Avenue Chandler, IN 47610 812-925-7145 office 812-454-1527 cell

Application Date:	Applicant Name:
Applicant Address:	
	ber:
Inspection Address: _	
Electrical Contractor:	
Company Name:	
Contractor's Address:	
	ork:
,	rmation given in this application, to the best of my knowledge and belief, is true and
accurate. APPLICANT SIGNATU	JRE: DATE:
To be completed by	the Director or Planning Commission:
Permit Issued By:	Permit # Issued:
Signature of Authori	zed Agent: Date: